SEC Form 3

FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

OMB APPROVAL

OMB Number: 3235-0104 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

WHITESIDES GEORGE M	2. Date of Event Requiring Statement (Month/Day/Year) 10/04/2004		3. Issuer Name and Ticker or Trading Symbol <u>THERAVANCE INC</u> [ THRX ]				
(Last) (First) (Middle) HARVARD UNIVERSITY DEPT. OF CHEMISTRY 12 OXFORD STREET			4. Relationship of Reporting Perso (Check all applicable) X Director Officer (give title below)	n(s) to Issue 10% Owne Other (spe below)	r cify 6. Ir	nth/Day/Year) dividual or Joint licable Line)	ate of Original Filed /Group Filing (Check
(Street) CAMBRIDGE MA 02138					2		y One Reporting Person y More than One erson
(City) (State) (Zip)							
Table I - Non-Derivative Securities Beneficially Owned							
1. Title of Security (Instr. 4)			Amount of Securities eneficially Owned (Instr. 4)			Nature of Indirect Beneficial Ownership nstr. 5)	
Common Stock			589,028	D			
Common Stock			193,548	I By f		family trust	
Table II - Derivative Securities Beneficially Owned           (e.g., puts, calls, warrants, options, convertible securities)							
1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securit Underlying Derivative Securit		4. Conversion or Exercise Price of	rcise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	or Indirect (I) (Instr. 5)	
Stock Option (right to buy)	09/02/2007	04/28/2014	Common Stock	25,806	9.69	D	

Explanation of Responses:

George M. Whitesides, Ph.D.

\*\* Signature of Reporting Person

10/04/2004

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

\* If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.